

<p style="text-align: center;">Notice of Funding Availability Supportive Housing Rehabilitation Pilot Program</p>

PURPOSE & GOAL

The Supportive Housing Rehabilitation Program, SHRP, is a pilot program that provides general property rehabilitation, accessibility improvements, upgrades the general energy efficiency, and mitigates lead-based paint hazards in housing designated for low and very low-income people who are living in permanent supportive housing for disabled homeless persons (persons with disabilities), transitional housing, and single room occupancy housing that are located in non-entitlement areas only. (Refer to Appendix A for a list of entitlement jurisdictions.) An eligible unit may contain food preparation or sanitation facilities, or both. The categories of housing described here will form the definition of eligible housing and the term “eligible housing” will be used throughout this program design.

It is anticipated that one to two properties will be selected for participation in the pilot project, subject to funding availability.

OBJECTIVE

DHCD will fund one to two projects that must be existing structures that meet the definition of “eligible housing”, as previously described. Project funds may not be used to change the “use” of the property into or make different from eligible housing. Upon completion of all rehabilitation, the properties must continue to meet the definition of eligible housing.

REHABILITATION

Rehabilitation will consist of the following activities:

- ✓ structural repairs,
- ✓ mechanical systems repair or replacement,
- ✓ repairs related to deferred maintenance,
- ✓ emergency repairs,
- ✓ energy efficiency up-grades,
- ✓ accessibility improvements,
- ✓ mitigation of lead based paint hazards for properties occupied by families with children under the age of 6, and
- ✓ to reduce the repair and rehabilitation costs for properties that experience a high occupancy turnover rate.

All units must meet or exceed Section 8 Housing Quality Standards, must pass the state and local building codes inspection, must pass the Model Energy Code, and must meet the Handicapped Accessibility requirements where applicable (see 24CFR 92.251(a)(3)), upon completion of all project rehabilitation.

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AVAILABLE FUNDING

The program received HOME funds in the total amount of \$200,000 for the rehabilitation of eligible housing units. One project was funded in fiscal year 2004. The remaining amount for fiscal year 2005 is \$159,988. The maximum amount available per unit including hard and soft costs will be \$14,000. No funds will be available for administrative costs.

FUNDING STRATEGY

The total amount of program funds available is \$159,988. These funds are available as a grant to non-profit organizations that own, manage, and/or operate eligible housing programs, properties, or projects. Grant funds must be secured through a grant agreement between DHCD and the property owner or designated property manager.

Eligible projects must adhere to funding limits of \$14,000 per unit and must have 10 units or less. These funds may be used to assist one or more housing units in a multi-unit project. Only the actual HOME eligible development costs of the assisted units may be charged to the HOME program.

HOME periods of affordability will apply. The periods of affordability for rehabilitation activities are as follows:

<u>HOME funds</u>	<u>Period of Affordability</u>
Less than \$15,000	5 years
\$15,000 - \$40,000	10 years
Greater than \$40,000	15 years

Note: Projects that previously received HOME funds may be subject to a subsidy layering review.

Matching Funds

The use of HOME funds requires matching funds in the amount of 25%. However, the provision of matching funds is not a requirement for the Pilot Project. Matching funds will be required for any projects funded after the Pilot Phase is deemed complete. Costs for staff and other administrative expenses may serve in lieu of the required match.

APPLICATION PROCESS

How-to-Apply

DHCD will post the Notice of Funding Availability, NOFA, and application materials on the DHCD website, and will distribute these materials to non-profit organizations who currently operate supportive housing facilities.

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Agencies unable to download this information may request a written copy from DHCD.

Application Due Date

The application deadline has been extended to 5:00 pm on Thursday, September 30, 2004.

Eligible Applicants

Applications may be received from the operators of eligible housing. Single-family residential housing and multi-family housing that do not provide these categories of housing are not eligible to apply.

Criteria for Award

All applications received by the due date will be evaluated and scored for completeness, responsiveness, and readiness. The successful applicant(s) will receive a composite score based upon the following scoring categories:

15%	Occupancy/Vacancy Rates
30%	Administrative Management Capacity
30%	Proposed Rehabilitation
25%	Urgent Need

Successful applicants will propose a project schedule that assures the proposed project will be underway by March 1, 2005.

Unexpended or Uncommitted Funds

Once program implementation has begun and the funding awards have been issued, any funds that remain uncommitted at the end of fiscal year 2004 (June 30, 2004) may be carried over to fund a second year of the pilot program, or to be used in any other existing and approved DHCD administered HOME funded programs.

Eligible Activities

HOME funds may be used to provide for development hard costs that include:

- cost to meet the property standards in 24 CFR 92.251;
- essential improvements, including energy-related repairs or improvements, improvements necessary to permit use by persons with disabilities, and the abatement of lead-based paint hazards'

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- costs to construct or rehabilitate laundry and community facilities which are located within the same building, and other common areas; and

related soft costs which include:

- architectural, engineering or related professional services required to prepare plans, drawings, specifications, or work write-ups;
- building permits, attorneys fees, private appraisal fees and fees for an independent cost estimate, builders or developers fees;
- staff and overhead costs directly related to carrying out the project, such as work specifications preparation, general property inspections, and other services related to assisting potential owners, tenants, and lead Inspection/Risk Assessments;
- energy audits; and

relocation costs which include:

- payments for moving expenses, and payments for reasonable out-of-pocket costs incurred in the temporary relocation of persons.

Note: 24 CFR may be obtained at www.gpo.gov/nara/cfr/cfr-retrieve.html

Ineligible Activities

The Supportive Housing Rehabilitation Pilot Program funds may not be used for:

- Payment for any cost that is not eligible under 24 CFR Part 92-HOME Investment Partnerships Program, Subchapter II - Investment in Affordable Housing, Sections 92.206 through 92.209;
- To provide matching contributions required under any program;
- To assist emergency shelters (including shelters for disaster victims) or facilities such as nursing homes, convalescent homes, hospitals, residential treatment facilities, correctional facilities and student dormitories; or
- For property acquisition or demolition.

Note: 24 CFR may be obtained at www.gpo.gov/nara/cfr/cfr-retrieve.html

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DHCD Technical Assistance

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The Jackson Center
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Appendix A: HOME Investment Partnership Program Entitlement Jurisdictions

Facilities located in the following Cities and Counties are NOT eligible for assistance through the Supportive Housing Rehabilitation Program.

Cities

Alexandria
Charlottesville
Chesapeake
Danville
Hampton
Lynchburg
Newport News
Norfolk
Portsmouth
Richmond
Roanoke
Suffolk
Virginia Beach

Counties

Arlington
Chesterfield
Fairfax
Henrico
Prince William

Application
Supportive Housing Rehabilitation Pilot Program

Applicant: _____

Address: _____

Executive Director: _____

Telephone: _____ Fax: _____

E-mail: _____

Contact person: _____

Telephone: _____ Fax: _____

E-mail: _____

Project name: _____

Project address: _____

Type of project: (Indicate with an "X")

_____ Permanent supportive housing for disabled homeless persons

_____ Transitional housing

_____ Single Room Occupancy

Total number of units in project: _____

Number of units to be assisted with Pilot Program: _____

Funds requested: \$ _____

Was the facility previously assisted with HOME funds? _____ Yes _____ No

If yes: Number of units assisted with HOME funds _____

Amount of HOME funds \$ _____

Date of award: _____

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Attach verification of ownership for all facilities to be assisted. Provide a brief description of the facility to be assisted, including number of bedrooms for each unit, food preparation facilities (communal or in each unit), type of housing (townhouse, multi-family apartments, duplex, etc.), and population served (single adults, women and children, two-parent families, etc.).

I. Occupancy/Vacancy Rates

1. What was the vacancy rate in the project over the last twelve (12) months?

2. Describe any unusual circumstances affecting the vacancy rate. (Attach pages if necessary.)

3. Does the applicant maintain a waiting list for the facilities to be assisted?

☐ Yes ☐ No

If yes, attach a copy of the waiting list.

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II. Administrative Management Capacity

1. Does the applicant agency operate an ongoing housing rehabilitation, emergency home repair, weatherization, or related program? ☐ Yes ☐ No

If yes, specify the name of the program(s), the length of time the program has been in operation, the types of work performed, and the number of units completed during the last twelve (12) months. (Attach pages if necessary.)

If no, identify the organization that will implement the project through a contract with the applicant agency and specify that organization's experience as requested above. (Attach pages if necessary.)

2. Describe the number and type/classification of staff within the applicant agency who are involved in the administration and implementation of the existing rehabilitation program(s).

ADMINISTRATIVE STAFF

Type/Classification	# of Positions	Names

PROGRAM STAFF - If contracting with another agency to implement the Pilot Program, provide the requested information for that agency's program staff.

Type/Classification	# of Positions	Names

Who will be responsible for reporting? _____

Who will inspect the work? _____

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3. Financial Management

a. Are the following accounting books used by your organization?

General Ledger	_____ Yes	_____ No
Cash Disbursement	_____ Yes	_____ No
Cash Receipts	_____ Yes	_____ No
Fixed Assets	_____ Yes	_____ No
Computer-based Accounting	_____ Yes	_____ No
Software used:	_____	

b. List the title(s) of staff responsible for the following tasks:

Opens mail _____

Deposits checks/funds _____

Reconciles checkbook to bank statement _____

Posts cash receipts _____

Approves payments _____

c. Do checks require two signatures? _____ Yes _____ No

Name and Title of persons whose signatures are required:

d. Does the applicant agency have an annual audit completed by an independent accountant? _____ Yes _____ No

e. Attach a copy of the operating budget for the facility(s) for the last 12 months.

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III. Proposed Rehabilitation

Describe the proposed rehabilitation activities for each unit, including energy-efficiency, conservation, health and safety, and handicapped accessibility. Provide a complete budget for the rehabilitation project that identifies all funds or activities that will be used to complete the project. Include a construction and closeout schedule. Specify any rehabilitation needed that cannot be addressed through the Pilot Program. (Attach pages if necessary.)

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IV. Urgent Need

1. Indicate who pays for the following services:

Electric lights	_____ Applicant Agency	_____ Tenant/Resident
Heat	_____ Applicant Agency	_____ Tenant/Resident
Hot Water	_____ Applicant Agency	_____ Tenant/Resident
Cooking	_____ Applicant Agency	_____ Tenant/Resident
Air Conditioning	_____ Applicant Agency	_____ Tenant/Resident
Water/Sewer	_____ Applicant Agency	_____ Tenant/Resident

2. What was the average monthly expense per unit for the last twelve (12) months the following services?

<i>Service</i>	<i>Unit #1</i>	<i>Unit #2</i>	<i>Unit #3</i>	<i>Unit #4</i>	<i>Unit #5</i>
Electricity	\$	\$	\$	\$	\$
Gas	\$	\$	\$	\$	\$
Water/Sewer	\$	\$	\$	\$	\$
<i>Service</i>	<i>Unit #6</i>	<i>Unit #7</i>	<i>Unit #8</i>	<i>Unit #9</i>	<i>Unit #10</i>
Electricity	\$	\$	\$	\$	\$
Gas	\$	\$	\$	\$	\$
Water/Sewer	\$	\$	\$	\$	\$

Attach copies of bills (electric, gas, water, sewer) for the last twelve (12) months or a utility company expense letter.

3. What is the monthly rent paid by the tenants/residents?

Unit	#Monthly Rent		Unit	#Monthly Rent
#1	\$		#6	\$
#2	\$		#7	\$
#3	\$		#8	\$
#4	\$		#9	\$
#5	\$		#10	\$

4. Do tenants/residents pay more than thirty percent (30%) of their income for rent?

_____ Yes _____ No

If yes, explain:

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5. Describe any hardship to the agency or the tenants/residents in the past twelve (12) months that was caused by high or unusual utility bills. Be as specific as possible.

CERTIFICATION

My signature below certifies that the information contained in this application and supporting documentation is correct and complete to the best of my knowledge.

Signature of Authorized Representative

Date

Title